

**Child and Adult Care Food Program (CACFP)  
Report of Disqualification from Participation  
Family Day Care Home Provider**

**Sponsoring Organization Imposing Disqualification:** \_\_\_\_\_

**Agreement #:** \_\_\_\_\_

**Name of Provider: Last Name:**

**First Name/M.I.:**

**Also Known As:**

**Address of Provider:**

**Date of Birth of Provider:**

**Termination Date:**

**Has the PROVIDER failed to repay debts owed under the Program?** ☐ Yes ☐ No  
**If yes, what is the amount owed?**

**NOTE: Attach copy of current sponsor/provider agreement**

**Reason(s) for Disqualifications: (Check or describe all that apply)**

- ☐ Submission of false information on application
- ☐ Failure to keep required records
- ☐ Submission of false claims for reimbursement
- ☐ Conduct or conditions that threaten the health or safety of a child(ren) in care, or the public health or safety
- ☐ Simultaneous participation under more than one sponsoring organization
- ☐ A determination that the day care home has been convicted of any activity that occurred during the past 7 years and that indicated a lack of business integrity
- ☐ Non-compliance with the program meal pattern
- ☐ Any other circumstance related to non-performance under the sponsoring organization day care home agreement, as specified by the sponsoring organization or the State agency

**Other or additional comments:**